## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |   |     |  |     |  | PAGE |  | 6  | OF | 9  |
|------------------|---|-----|--|-----|--|------|--|----|----|----|
| (check only one) |   |     |  |     |  |      |  |    |    |    |
|                  | X | 11a |  | 11b |  | 11c  |  | 12 |    |    |
|                  |   | 13  |  | 14  |  | 15   |  | 16 | 6  | 17 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Statements may not be sold or used by any per<br>e name and address of any political committee                                                                                                                                                                                         |                                                                                                                    |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full)  Center for Essential Informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n                                                                                                                                                                                                                                                                                      |                                                                                                                    |  |  |  |  |
| Full Name of Individual (Last, First, Middle In Bankman Fried, Samuel, , ,  Mailing Address 330 S Rampart Blvd  Ste 260  City  Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  FTX  Receipt For:  Primary  General  Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State NV 89145-5754  C  Occupation (for Individual) CEO  Aggregate Year-to-Date  220000.00                                                                                                                                                                                             | Date of Receipt  10 13 2020  Transaction ID: SA11AI.4146  Amount of Each Receipt this Period  220000.00  Memo Item |  |  |  |  |
| Full Name of Individual (Last, First, Middle In Gund, Louise, , ,  Mailing Address 41 Plaza Dr  City  Berkeley  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self Employed  Receipt For:  Primary  Other (specify) ▼  Full Name of Individual (Last, First, Middle In Full Name of Individual) (Last, First, Middle In Full Name of Individual (Last, First, Middle In Full | State Zip Code CA 94705-2413  ID number of contributing all political committee.  e of Employer (for Individual) Employed ipt For: Primary General Other (specify) ▼  State Zip Code CA 94705-2413  C  Occupation (for Individual) Philanthropist  Aggregate Year-to-Date ▼  100000.00 |                                                                                                                    |  |  |  |  |
| Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State Zip Code  C  Occupation (for Individual)  Aggregate Year-to-Date                                                                                                                                                                                                                 | Amount of Each Receipt this Period  Memo Item                                                                      |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>                                                                                                                                                                                                                                                                               | 320000.00                                                                                                          |  |  |  |  |
| TOTAL This Period (last page this line number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | only)                                                                                                                                                                                                                                                                                  | 320000.00                                                                                                          |  |  |  |  |